

PRODUCT DISCLOSURE SHEET
Group Hospitalisation and Surgical (GHS) Rider

Read this Product Disclosure Sheet before you decide to take up Group Hospitalisation and Surgical (GHS) Rider. Be sure to also read the general terms and conditions.

1. What is this product about?

This supplementary rider is purchased by the employer (Policy Owner/You) to offer insurance protection on hospitalisation and surgical benefits to its full-time and actively-at-work employees (Life Insured) up to the end of the policy term of not exceeding one (1) year. It covers medical expenses in the event of hospitalisation due to illness or accident according to the Schedule of Benefits.

This policy does not participate in the profits of Tokio Marine Life (the insurance company/We/Our/Us). This policy is yearly renewable up to age seventy (70) nearest birthday of the Life Insured. The renewability is not guaranteed.

2. What are the covers / benefits provided?

This rider covers:

Hospitalisation and Surgical Benefit

We will reimburse the reasonable and customary hospitalisation & surgical expenses in accordance with the Schedule of Benefits less any indebtedness if any of the Life Insured has been hospitalised due to illness or accident. This cover may be extended to eligible Dependent Spouse and Dependent Children of the Life Insured with additional premium charge.

The proposed benefits for the plan(s) that you have selected:

Kindly refer to proposal <Proposal Number>

The rider benefits accepted by Us for this policy may vary depending on Our underwriting requirements.

Please refer to the Schedule of Benefits in the policy contract for the complete list of benefits under this rider.

Duration: Up to the occurrence of termination of basic policy (GTL), when the cumulative indemnity amounts to 100% of the maximum benefit payable, cancellation, surrender, expiry of the term of the contract of one (1) year or when the Life Insured ceases to be in the employment of the Policy Owner, whichever is earlier. This policy is yearly renewable up to age 70 nearest birthday, subject to Our discretion.

3. How much premium do I have to pay?

- The estimated single premium that you have to pay:

Kindly refer to proposal <Proposal Number>

- Premium duration: one (1) year

Note:

- The premium rates are applicable to standard risks only. The policy terms and rates may vary depending on Our underwriting requirements.
- This policy provides a grace period of sixty (60) days, which gives the customer additional period of time after the due date, for the payment of premium.
- The premium rates upon renewal is not guaranteed and subject to Our review.
- We reserve the right to adjust the premium rates if there is any major variation from the given information at inception of this policy.

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

Type	Amount
Direct Distribution Costs*	<%> of single premium
Stamp Duty	RM10.00

Note:

- * Cost directly attributable to the distribution channel for the sale of this policy which refers to the payment of commission to agency force / other intermediaries. This cost is borne by you and is paid from the charges that are imposed on your policy.
- Stamp Duty of RM10.00 each time upon new business and policy renewal.
- Except for Educational Institutions or Religious Organisations registered under any written law, the premium payable for policies owned by an organisation or policies assigned to an organisation shall be subject to Sales and Service Tax (SST) (if applicable).

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Tokio Marine Life Insurance Malaysia Bhd. [199801001430 (457556-X)]

Ground Floor, Menara Tokio Marine Life,
189, Jalan Tun Razak, 50400 Kuala Lumpur.
General Line : (603) 2059 6188 Fax : (603) 2162 8068 Customer Care Hotline : (603) 2603 3999
Website : tokiomarine.com

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

- Importance of disclosure – you must disclose all material facts such as business type, nature of occupation, the correct age of the employees (and their dependent spouse and children, if applicable), and inform all employees to truthfully declare their medical conditions, and any other information that could affect the risk profile.
- Cooling-Off period – you may cancel your policy by returning the policy within 15 days after you have received the policy. The premium that you have paid (less any medical fee incurred, if any) will be refunded to you and your policy shall be cancelled accordingly.
- Premiums – the premium rates are not guaranteed and We reserve the right to revise the premium rates applicable at the time of renewal by notifying you in written notice of its decision at least ninety (90) days before the policy anniversary date.
- Claim notification – written notification must be given to Us within ninety (90) days from incurring claimable expenses under this supplementary contract.
- Co-insurance (if applicable) - you must first pay a specified percentage of the total eligible expenses incurred, subject to the limit in accordance with the Schedule of Benefits. The co-insurance shall not apply to allowance-based benefits.
- Deductible (if applicable) - you must first pay a fixed stated amount out of the total eligible claims for any admission to a hospital or Any One Disability before any benefits are payable.
- Selected Hospital Network (if applicable) - Cashless hospitalization facility is limited to any of the selected hospital network defined by Us. The cashless hospitalization facility will not be applicable to hospital admissions out of the selected hospital network, subject to the limit in accordance with the Schedule of Benefits. Please refer to the "TMLM Selected Hospital Network" appendix in the policy contract for the full list of selected hospital network.
- The renewability is not guaranteed and subject to Our review. Unless renewed, the coverage will cease on the 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?

No benefit shall be payable for any of the following services, products or conditions or injuries directly or indirectly resulting from:

- Pre-existing conditions for the first one hundred twenty (120) days of continuous cover (exclusion is not applicable for takeover cases with group size above 150 employees excluding dependants);
- Specified illnesses for the first one hundred twenty (120) days of continuous cover (exclusion is not applicable for takeover cases with group size above 150 employees excluding dependants);
- Any medical or physical conditions arising within the first thirty (30) days of the Life Insured's cover except for accidental injuries (exclusion is not applicable for takeover cases with group size above 100 employees excluding dependants);
- Cosmetic Surgery or treatment, or treatment of their complications (including double eyelids, acne, keloids, etc.) except as necessitated by accidental injuries and Medically Necessary;
- Care and treatment that is experimental, investigative and not according to accepted professional standards and care that is not Medically Necessary;
- Treatment for injuries sustained while committing a crime or felony, or while under the influence of alcohol, narcotics, or mind altering substance or injuries which are self-inflicted while sane or insane;
- Any treatment for or arising from substance abuse such as alcohol, narcotics, etc.;
- Private nursing care, custodial care in any setting or house calls engaged by the Life Insured or services for rest cure provided by rest/nursing home purely for recuperative purposes;
- Contraceptive medications and devices, sterilisation procedures, treatment for complications, reversal of such procedures and the work up or treatment of sexual dysfunction or infertility;
- Investigation and treatment relating to pregnancy including childbirth and all complications arising therefrom except for miscarriage due to motor vehicle Accident under Hospital and Surgical coverage, subject to its limitations. Otherwise, the Life Insured must have maternity coverage, subject to its limitations;
- Sex transformation Surgery and sex hormone therapy related to such Surgery;
- Any circumcision unless Medically Necessary;
- Conditions related to sexually transmitted diseases, AIDS and AIDS Related Complex or its Sequelae;
- Alternative therapies and treatments, e.g. acupuncture, chiropractic, osteopathy, reflexology, etc.;
- Vitamins/Supplements, Herbal Cures, Anti-Obesity/Weight Reducing Agents, Eye Lubricants and any over the counter purchases of supplements, medicines or out-patient prescribed and non-prescribed medical supplies;
- Soaps, Shampoos, Cleansers, Vitamin Creams, Vitamin Ointment, Moisturisers, Lubricants, Anti-Ageing, Fairness Treatment and any product with similar effect;
- Psychotic, mental or nervous disorders and behavioral conditions including any neurosis and their physiological or psychosomatic manifestations;
- Treatment, therapy or Surgical Operation for Congenital or hereditary diseases, deformities and disabilities and any medical or surgical complication arising therefrom e.g. childhood hernias, clubfoot, VSD, ASD, Thalassaemia, etc.;
- Diseases or disabilities of a newborn child contracted prior to or during birth or within the first fourteen (14) days thereafter;

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- Blood and topical allergy testing;
- Routine physical examination, health check-ups or tests not incident to treatment or diagnosis of a covered Disability;
- Speech and occupational therapy when not part of a rehabilitation program following Hospitalisation due to trauma, unless it is a follow-up to an in-patient Disability and subject to its limitations;
- Any process solely for the determination of eye refraction and the correction of the same by radial keratotomy, orthoptic or visual training or by any other means;
- Supply of corrective glasses, or contact lens except for cataract Surgery or eye injury while insured or any associated material for correction of visual acuity;
- Any dental treatment or oral Surgery except when required due to an injury sustained in an Accident under this Supplementary Contract, subject to its limitations;
- External prosthetic appliances or devices including but not limited to artificial limbs, external fixator, hearing aids, cochlear apparatus;
- Pacemakers, implantable cardiac defibrillator (ICD) and cochlear implants;
- Treatment for effects from exposure to ionising radiation or contamination by radioactivity from any source;
- War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection;
- Participation in any form of aviation (except as a fare-paying passenger or crew member on a regular route operated by a licensed commercial airline), or aerial sports such as (but not limited to) skydiving, parachuting, bungee jumping, hang gliding or ballooning;
- While engaging in mountaineering or rock climbing necessitating the use of guides or ropes, potholing, diving, racing of any kind other than on foot and all professional sports otherwise agreed in writing by Us at the effective date;
- Services of a non-medical nature provided by a Hospital such as television, telephone, fax, radio or similar facilities. Charges for these services must be paid by the Life Insured prior to discharge from Hospital or Daycare Centre unless otherwise specified; and
- Any Out-Patient treatment unless specifically provided under this Supplementary Contract.

We shall not reimburse for charges incurred for hospitalisation, directly or indirectly resulting from any of the following medical conditions or situations:

- Communicable diseases requiring quarantine by law;
- Sleep apnea or snoring disorder;
- Hyperhidrosis;
- Donations of body parts or organs by the Life Insured;
- Stem cell therapy, except hematopoietic blood disorders; and
- Treatments specifically for weight reduction or gain or bariatric surgery.

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 your policy prior to the renewal date by providing 30 days' written notification to the Us. However, this is a term policy and does not contain any cash values. If you cancel the policy provided that no claims have been made during the current policy year, a certain percentage of annual premium is refundable after deducting the cancellation charge (if any). The refund of premium that We will pay you when you cancel the policy before the policy anniversary will be much less than the total amount of premium that you have paid. Upon the date of cancellation as specified by you, the insurance cover shall cease and We shall no longer be liable for any claim/expenses which occur from the date of cancellation.

Period of cover not exceeding	Refund of annual premium
15 days* (only applicable on 2nd policy year onwards, which is upon renewal)	90%
1 month	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
Exceeding 11 months	No Refund

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

It is important that you inform us of any change in your contact details to ensure that all correspondences reach you in a timely manner.

9. Where can I get further information?

Should you require additional information about this product, please visit our website at www.tokiomarine.com.

If you have any enquiries, please contact us at:

Tokio Marine Life Insurance Malaysia Bhd.

Ground Floor, Menara Tokio Marine Life

189, Jalan Tun Razak,

50400 Kuala Lumpur.

Tel: 03-2059 6188

Fax: 03-2059 6083

E-mail: groupeb@tokiomarinelife.com.my

10. Other similar types of cover available.

Please ask Us / intermediary for other similar types of plans offered by Us.

IMPORTANT NOTE:

YOU MUST CHOOSE THE TYPE OF POLICY THAT BEST SUITS YOUR ORGANISATION NEEDS. YOU MUST READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH THE AGENT/SALES REPRESENTATIVE/OTHER INTERMEDIARY OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.

The benefit(s) payable under eligible certificate of insurance is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Tokio Marine Life Insurance Malaysia Bhd. or PIDM (visit www.pidm.gov.my).

This insurance plan is underwritten by Tokio Marine Life Insurance Malaysia Berhad [199801001430 (457556-X)], a Company licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

The information provided in this disclosure sheet is valid as at [<dd/mmm/yyyy>](#)