



Product Disclosure Sheet

Group Hospital & Surgical Insurance Policy

Read this Product Disclosure Sheet before you decide to take up the Group Hospital & Surgical Insurance Policy. Be sure to also read the general terms and conditions.

IMPORTANT NOTICE

The benefit(s) payable under eligible certificate/policy/product is(are) protected by PIDM up to limits.

Please refer to PIDM's [TIPS Brochure](#) or contact [Tokio Marine Insurans \(Malaysia\) Berhad](#) or [PIDM](#) (visit www.pidm.gov.my).

1. What is this product about?

This is a comprehensive Group Hospital & Surgical Policy which covers cost of medical treatment incurred by a group of Insured (usually employees of an organization) for hospitalization, daycare surgery and various outpatient treatment. If you are covered under this prior to age 65, your insurance may be renewed up to 70 years. Normally, Group Hospital & Surgical Policy is tailor-made to meet the specific need of corporates.

2. What are the covers / benefits provided?

Some of the major benefits available are :

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| ■ Hospital Room & Board | ■ Pre-Hospitalization Specialist Fees | ■ Bereavement Allowance/Funeral Expenses |
| ■ Surgeon Fees | ■ Emergency Accidental Outpatient Treatment | ■ Home Nursing Care |
| ■ Anaesthetist Fees | ■ Emergency Accidental Dental Treatment | ■ Outpatient Kidney Dialysis Treatment |
| ■ Intensive Care Unit | ■ Post-Hospitalization Treatment | ■ Organ Transplant |
| ■ Day Care Surgery | ■ Outpatient Physiotherapy Treatment | ■ Medical Report Fees |
| ■ Hospital Services & Supplies | ■ Ambulance Fees | ■ Emergency Sickness Treatment |
| ■ Operating Theatre Fees | ■ Daily Cash Allowance at Malaysian Government Hospitals | |
| ■ In Hospital Physician Visit | ■ Outpatient Cancer Treatment | |
| ■ Pre-Hospitalization and Pre-Surgical Diagnostic Services | | |

Note : The above is not exhaustive. Please refer to the benefits in the policy schedule.

Duration of cover is for one year. You need to renew your insurance policy annually before the policy anniversary.

3. How much premium do I have to pay?

The premium that you need to pay depends on the ages, health status, past medical claims experience, selected plan and group size of your employees. However, our Proposal may vary depending on our underwriting requirements and quotations.

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

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| ■ Service Tax | : 8% of premium |
| ■ Stamp duty | : RM10.00 |
| ■ Commissions paid to the insurance intermediaries (if any) | : 10% of premium |

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

Age Limit

- New Application : 15 days old to 65 years old (next birthday)
- Renewal : Up to age 70 (next birthday) upon Policy anniversary. However, the maximum renewable age may be extended as per requested by the Policyholder subject to adequacy of premium rates and a yearly review

Importance of Disclosure

- Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form (or when you apply for this insurance). You must answer the questions fully and accurately.
- Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.
- The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.
- In addition to answering the questions in the Proposal Form (or when you apply for this insurance), you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.
- You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

Compensation / Indemnity

- You will be compensated on reimbursement basis on the actual amount incurred subject to the limit specified in the policy. You cannot make multiple claims on medical expenses.

Eligibility

- All full time employees aged up to 65 years old and renewable up to 70 years old (any extension is subject to prior approval), shall be eligible for cover
- All eligible Dependants, who is either a legally married spouse up to 65 years old and renewable up to 70 years old, or unmarried children over 15 days old but up to age of 23 years old.

Addition & Deletion

- Notification of each addition and deletion shall be advised by the Policyholder within 60 days of the date of eligibility. The dates of eligibility shall be the commencement or termination dates of employment.

No selection is allowed

- You are to insure all employees in the same category of occupation under the same plan.

Premium Warranty

- All premiums must be paid to and received by the Insurer within 60 days from the inception date of the Policy. Otherwise, the contract is automatically cancelled.

Free-look Period

- If you are not fully satisfied with the Policy, you may return the Policy to us within 15 days from the date of delivery of Policy for cancellation. Premium paid will be refunded to you less any medical examination expenses incurred, if applicable.

Note : The above is not exhaustive. Please refer to the policy contract for details.

6. What are the major exclusions under this policy?

Generally, the Policy does not cover :

- Pre-existing Conditions for the first twelve (12) months of the commencement date.
- Care or treatment for which payment is not required or to the extent that such care or treatment is payable by any other insurance or indemnity covering the Insured and Disabilities.
- Cosmetic/Plastic surgery and treatment, refractive errors of the eyes and its correction by any means, hearing aids, acquisition of prosthetic appliances such as artificial limbs, dialysis machine and prescriptions thereof except as necessitated by Injuries occurring wholly during the Period of Insurance.
- Dental care and treatment, except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Insurance.
- AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) and all illnesses or diseases in the presence of the Human Immune-deficiency Virus (HIV), and Sexually Transmitted Diseases.
- Congenital Abnormalities or deformities including hereditary conditions and development ailments.
- Pregnancy, child birth, miscarriage, abortion, infertility, prenatal or postnatal care, any means of birth control, tests or treatment related to sexual dysfunction or sterilization.
- Mental or nervous disorders, psychiatric conditions (including any neuroses and their physiological or psychosomatic manifestations); senile or geriatric conditions of any kind; self-inflicted injury or attempted suicide; treatment of alcohol dependence syndrome and drug addiction.
- Routine medical or physical examinations, health check-up, investigating procedures or tests not incidental to treatment or diagnosis of a covered Disability, or any treatment which is not Medically Necessary including any preventive treatments, preventive medicines or examinations and treatment for weight control.
- Costs/expenses of services of a non-medical nature, such as television, telephones, newspaper, magazines, radios, admission kit and the like.
- Racing of any kind (except foot racing), underwater activities requiring breathing apparatus, professional sports, criminal activities or felony, suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
- Diseases or Disabilities of a newborn child contracted prior to or during birth or in the first 14 days thereafter.
- War or any act of war, declared or undeclared, terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
- Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- 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, podiatric, acupressure, reflexology, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment.
- Expenses incurred for sex changes
- Cost of acquisition of blood and plasma, including blood surety.
- Private nursing care, custodial care in any setting or house calls engaged by Insured Member or services for rest cure provided by rest/nursing home purely for recuperative purposes, unless specified in the Schedule of Benefits.
- Any corrective treatment for refractive errors inclusive of but not limited to the following such as Orthoptics, Visual Stimulation, Radial Keratotomy, Lasik, Intralase, Xyoptics, phacik IOL implant or intra-ocular lenses replacement surgery.
- All corrective glasses or contact lenses, except monofocal intraocular lenses in cataract surgery.

Note: The above is not exhaustive. Please refer to the policy contract for details.

7. What is Pre-existing Condition?

Pre-existing condition means Disability that the Insured Person has reasonable knowledge of on or before the effective date of insurance of the Insured Person. 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; or
- b) Medical advice, diagnosis, care or treatment has been recommended; or
- c) Clear and distinct symptoms are or were evident; or
- d) Its existence would have been apparent to a reasonable person in the circumstances.

8. How do I make a medical claim under this policy?

Medical expenses are on Pay and File basis whereby the Insured is required to settle the bills first and submit all claim documents to the Insurer for reimbursement of the eligible expenses.

However, Cashless facility may also be arranged by the Insurer for the convenience of the Insured members. This means the Insured may enjoy cashless admission into any of the Insurer panel hospitals.

9. Can I cancel my policy?

You may cancel your policy at any time by giving 31 days written notice to us, provided that no claims have been made during the current Policy Year. Upon cancellation, you are entitled to a refund of the annual premium based on the schedule of unexpired period of insurance.

Period not exceeding	Refund of Annual Premium
15 days (for renewal only)	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

10. 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.

11. Where can I get further information?

Should you require additional information about our other Medical Insurance, please refer to the insurance info booklet on 'Medical & Health Insurance' available at all our branches or you can obtain a copy from your insurance intermediary or visit our website at www.insuranceinfo.com.my.

If you have any enquiries about our Group Hospitalisation & Surgical Insurance or any other types of Medical insurance product, you can contact us or any of our branches or your insurance intermediary or visit our website at www.tokiomarine.com

Tokio Marine Insurans (Malaysia) Berhad
Level 20, Menara Hap Seng 3,
Plaza Hap Seng, No. 1, Jalan P. Ramlee,
50250 Kuala Lumpur.

Customer Service Hotline: 1800 88 0812
Email: letusknow@tokiomarine.com.my

12. Other types of similar insurance cover available

- Medic Plus
- Premier Medic Partner

IMPORTANT NOTE

You should satisfy yourself that this policy will best serve your needs and that premium payable under this plan is an amount you can afford. You should read and understand the insurance policy and contact the insurance company directly for more information.

The information provided in this disclosure sheet is a brief summary for quick and easy reference.

The exact terms and conditions that apply are stated in the policy contract.

The information provided in this disclosure sheet is valid as at 01/03/2024.

Tokio Marine Insurans (Malaysia) Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.