

PRODUCT DISCLOSURE SHEET – GROUP EMPLOYEE MEDICAL

(Read this Product Disclosure Sheet before you decide to take up the **Group Employee Medical**. Be sure to also read the general terms and conditions).

1. What is this product about?

This product provides reimbursement for expenses that are medically necessary, reasonable and customary in the event of hospitalization caused by an illness or accident which is sudden and unforeseen. Coverage is provided 24 hours a day.

2. Who can purchase this cover?

This policy can be purchased by a company to cover its employees, their legal spouse and children. All employees must be included for coverage.

3. What are the covers/benefits provided?

Please refer to the benefits table in the brochure. Employees and their spouse and children (if applicable) will be covered for the same limit. Coverage is on a per disability basis.

(a) Daily room and board:

- (i) Reimburses the expenses for room accommodation and meals up to 120 days from the date of admission.
- (ii) Admission to a room with a room charge that is higher than the entitled benefit, will result in the employee having to bear a 20% share of all other expenses that are payable by the policy.

(b) Intensive care unit:

- (i) Reimburses the expenses for room accommodation and meals in an intensive care unit up to 20 days from the date of admission.
- (ii) Any stay in excess of 20 days will be reimbursed under benefit (a).
- (iii) Reimbursement for each day of stay if claimed under this benefit will not be payable under item (a).

(c) Other hospital services: Reimburses the expenses incurred while hospitalized which includes nursing care, medications, laboratory tests and hospital supplies.

(d) Surgical benefit:

- (i) Reimburses the fees incurred for pre-surgical assessment, surgery, consultant's in-hospital visits and post-surgery care up to 31 days from the date of surgery.
- (ii) Payment for surgery will be based on the percentage allocated for the surgery as stated in the surgical schedule and your limit of coverage.

(e) Anesthetic fees: Reimburses the anesthetic fees incurred for a surgery.

(f) Operating theatre fees: Reimburses the operating theatre expenses incurred for a surgery.

(g) Specialist consultation fees and medication cost (pre and post admission):

- (i) Before admission:
 - Reimburses the expenses incurred for diagnostic purposes done 31 days before admission to a hospital provided that there is admission for the medical condition that was diagnosed.
- (ii) After admission:
 - Reimburses for the follow up treatment done 31 days after discharge from a hospital.

Includes the cost of medications.

(h) Hospital tests (pre and post admission):

- (i) Before admission:
 - Reimburses the expenses incurred for diagnostic purposes done 31 days before admission to a hospital provided that there is admission for the medical condition that was diagnosed.
- (ii) After admission:
 - Reimburses for the follow up tests done 31 days after discharge from a hospital.

Does not include the cost of medication and consultation.

- (i) In-hospital doctor's visit during admission: Reimburses the expenses incurred for a doctor to visit for a non-surgical disability, up to 120 days.
- (j) Emergency outpatient treatment due to accident: Reimburses the expenses incurred for an emergency outpatient treatment due to an accident done within 24 hours from the time of accident and follow up treatment up to 31 days.
- (k) Emergency outpatient treatment due to illness: Reimburses the expenses incurred for an emergency outpatient treatment due to an illness done between 10 pm to 6 am.
- (l) Ambulance fees: Reimburses the expenses incurred for an ambulance to and from the hospital which results in an admission.
- (m) Daily government hospital cash benefit: Pays a daily allowance when admitted to a Malaysian government hospital up to 120 days.

- (n) Extended major medical benefits (only applicable if purchased):
- (i) Reimburses 80% (less any co-insurance) of the eligible expenses that exceed your limit of coverage.
 - (ii) Applicable for admission that is more than 31 days or a surgery that pays 75% of the surgery limit based on the surgical schedule.
- (o) Supplementary medical benefits (only applicable if purchased): Reimburses 80% (less any co-insurance and a deductible of RM 500) of the eligible expenses that exceed your limit of coverage.

Note: Admission/hospitalization requires a minimum confinement period of 6 hours.

4. How much premium do I have to pay?

- (a) Please refer to the premium table in the brochure.
- (b) Premium is payable annually.
- (c) Payment must be made within 60 days from the inception of the policy.

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

- (a) The policy carries a commission of up to 10%, stamping duty of RM 10.00.
- (b) Services Tax (ST) of 6% is applicable.

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

- (a) Importance of disclosure:
- You must take reasonable care to ensure that all your answers to the questions are full, complete, correct and honest and to the best of your knowledge.
- You also have a duty to inform AIG Malaysia of any change in the information given to us earlier before we issue the policy schedule to you, before you renew or change any of the terms of your policy. If you don't, your policy may be cancelled, or treated as if it never existed, or your claim rejected or not fully paid.
- (b) Claims:
- (i) All claims must be notified to us within 30 days from the date of loss.
 - (ii) All supporting documents proving the loss must be submitted 90 days from the date of disability.
 - (iii) No claim will be admissible if notified after 1 year from the date of loss.
 - (iv) All claims will be paid to the employer.
- (c) Number of policies: Each employee is only entitled to be covered under one policy in respect of this insurance.
- (d) Age:
- (i) Each employee and his/her spouse must be 16 years and above and below the age of 66 to qualify for cover.
 - (ii) Children must be 15 days and above and below the age of 18 or below the age 25 if they are in full time education.
 - (iii) Age will be based on the age as of your last birthday.
- (e) Waiting period:
- (i) Coverage due to illness will only start 30 days from the date that an employee is first covered by the policy or date of reinstatement (whichever is later).
 - (ii) Coverage due to the illness listed below will only start 120 days from the date that an employee is first covered by the policy or date of reinstatement (whichever is later).
 - Hypertension and Diabetes Mellitus and cardiovascular disease.
 - All tumors, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system.
 - All ear, nose (including sinuses) and throat conditions.
 - Hernias, Hemorrhoids, Fistulae, Hydrocele, Varicocele.
 - Endometriosis including disease of the reproduction system.
 - Vertebra-spinal disorders (including disc) and knee conditions.
- (f) Period of cover:
- (i) The policy cover starts upon the date the application form is completed and accepted by us. The cover for an employee starts based on their eligibility as determined by the employer and will terminate upon the following:
 - Non-payment of premium.
 - Upon reaching the age of 66.
 - Upon the employee's death.
 - Cancellation by the employer.
 - When you are no longer an employee.
 - Withdrawal of the entire portfolio (a 30 day notice will be given and policies will be run off until expiry).
 - (ii) Renewal premiums are not guaranteed.
 - (iii) Revision in premiums will be subject to all employees covered by the policy.
 - (iv) Renewal is at our consent.
- (g) Overseas treatment is only allowed if:
- (i) The purpose of travel is for non-medical reasons.
 - (ii) The treatment required cannot be obtained in Malaysia and is recommended by a consultant.
 - (iii) The diagnosis is not first made in Malaysia.
 - (iv) The treatment cannot wait until return to Malaysia.
 - (v) Travel out of Malaysia is not more than 90 days.

- (h) Cooling off period:
 - (i) If the cover does not meet the employer's requirements, the policy can be returned to us within 15 days from the date the policy is received.
 - (ii) Premium will be refunded in Full.
- (i) Contribution: If an employee is covered by any other policy, our share of reimbursement on all benefit except for daily government hospital cash benefit will be in excess that is not payable by the other policy(ies).

7. What are the major exclusions under the policy?

This policy does not cover any disability caused by or to:

- (a) Members of the armed forces and professional sportsmen.
- (b) Suicide or intentional self-inflicted injuries.
- (c) During air travel unless as a fare paying passenger in a commercial airline.
- (d) Violation of law.
- (e) Any payment that would violate any government prohibitions or regulations.
- (f) Drug related accident.
- (g) Mental or nervous disorders.
- (h) Abnormalities existing at birth including those developing 6 months from birth.
- (i) Condition (prior to the date an employee is first covered by this policy) where:
 - (i) The employee is receiving treatment or
 - (ii) Advice, treatment or diagnosis has been recommended or
 - (iii) Symptoms are evident or
 - (iv) The condition is apparent.
- (j) Acquired Immune Deficiency Syndrome (AIDS) or Human Immune Deficiency Virus (HIV).
- (k) Driving or riding in any type of race using a motorized vehicle.
- (l) War.
- (m) Venereal and communicable diseases requiring quarantine by law.
- (n) Dental conditions unless due to accident.
- (o) Treatment that is provided free or where payment is not required or which is payable by other insurances.
- (p) Cost related to the donation or acquisition of body organ.
- (q) Sex change.
- (r) Sleep or snoring disorders, hormone replacement therapy for menopausal conditions and alternative therapy.
- (s) Maternity and fertility related.
- (t) Hazardous sports.
- (u) Plastic/cosmetic surgery (unless due to an accident), circumcision, correction of near or farsightedness and acquisition of external prosthetic appliances such as artificial limbs, hearing aids or implanted pacemakers.

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

8. Can I cancel my policy?

An employer may cancel the cover by giving us 30 days written notice. The employer will be entitled to a refund on a short period basis for the unexpired period of insurance.

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

It is important that you inform us of any change in your life profile which would affect the risk profile.

10. Where can I get further information?

Should you require additional information about Medical & Health Insurance, please refer to the insurance info booklet on "Medical & 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

AIG Malaysia Insurance Berhad
Menara Worldwide,
198 Jalan Bukit Bintang,
55100, Kuala Lumpur, Malaysia

Telephone No.: 1 800 88 8811
Facsimile: (603)2685 4896
E-mail: AIGMYCare@aig.com

11. Other types of Medical and Health Insurance cover available.

Please ask your insurer/intermediary for other similar types of plan offered by the insurer.

IMPORTANT NOTICE:

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 this disclosure is valid as at 1st September 2018.