

PRODUCT DISCLOSURE SHEET

Please read this Product Disclosure Sheet before you decide to take up the Multi Medical Protector Insurance. Please be sure to also read the general terms and conditions.

Multi Medical Protector Insurance

1. What is this product about?

This policy provides coverage for surgery or treatment in hospital for both inpatient and outpatient treatment as well as all covered conditions regardless whether it is a minor or major disability.

Major disabilities include heart attack, stroke, cancer, brain surgery, open heart surgery, coma, major organ transplant.

2. What are the covers / benefits provided?

This policy covers:

Part I – Basic Medical Benefits include:
Inpatient Benefits covers:

- Hospital Room & Board;
- Nursing Care and Service;
- All eligible Inpatient Medical Expenses including Intensive Care Unit;
- Lodger Fees - for child below 15 year old;
- Malaysian Government Hospital Cash Allowance

Outpatient Benefits covers:

- Pre-Hospitalization Specialist Consultation & Diagnostic Services;
- Daycare Surgery - inclusive of all incidental services & supplies;
- Post-Hospitalization Physician Treatment;
- Emergency Accidental Outpatient Treatment;
- Home Nursing Care

Part II – Major Medical Benefits include:

- All Eligible, Necessary & Reasonable Medical Expenses rendered as Inpatient for the Defined Major Disability;
- Monthly Outpatient Cancer Treatment or Kidney Dialysis;
- Recuperative Allowance;
- Hospitalisation Inconvenience;
- Major Disability Relief

NOTE:

This list is non-exhaustive. Please refer to the benefits in the policy contract.

3. How much premium do I have to pay?

The premium you have to pay may vary depending on the plan selected and based on the age of last birthday of the person insured and our underwriting requirements.

If 4 or more persons from the same family, i.e. husband and/or wife and children are insured under the same policy, they are entitled to a 15% discount on the total premium as a Family Policy.

NOTE:

The premium that you have to pay includes commission payable to the intermediaries amounting to 15% of the premium (if any) and the MCO's fee.

(MCO refers to the Managed Care Organization which we engage to assess, administer and manage the claims arising from this medical plan).

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

In addition to the premium, you have to pay:	Amount
a. Service Tax	6% of premium for business organisations only. Individuals are excluded from Service Tax.
b. Stamp duty	RM 10.00

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

- Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for yourself/family/dependants, 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.
- Cooling-off period:** You may cancel your policy by returning the policy within 15 days after you have received the policy and you will be refunded the full premium that you paid. No refund is made if a claim was made during the said period.
- Qualifying / waiting period:** Your eligibility for benefits under the policy will only start 30 days after the effective date of the policy except for accidental injury.
- Pre-existing Conditions:** These are disabilities that the Insured Person has reasonable knowledge of. A person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:
 - the Insured Person had received or is receiving treatment
 - medical advice, diagnosis, care or treatment has been recommended;
 - clear and distinct symptoms are or were evident; or
 - its existence would have been apparent to a reasonable person in the circumstances.
- Specific Illness:** These are disabilities and its related complications, occurring within the first 120 days of Insurance.
 - Hypertension, diabetes mellitus and cardiovascular disease.
 - All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system.
 - All ear, nose (including sinuses) and throat conditions.
 - Hernias, haemorrhoids, fistulae, hydrocele, varicocele.
 - Endometriosis including diseases of the Reproductive system.
 - Vertebro-spinal disorders (including disc) and knee conditions.

NOTE:

This list is not exhaustive. Please refer to the policy contract for the full list of terms and conditions under this policy.

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6. What are the major exclusions under this policy?

The policy does not cover:

- Illnesses contracted within the first 30 days for Part I – Basic Benefits, and Major Disability diagnosed within the first 30 days
- Pre-Existing Conditions for the first 12 months.
- Specific Illnesses are not covered for the first 120 days
- Congenital conditions, dental and maternity conditions, AIDS/HIV related conditions
- Self-inflicted injury or suicide, circumcision of all causes
- Psychotic, mental or nervous disorders
- Cosmetic or plastic surgery
- War, strike, riot, civil commotion
- Routine medical or physical examination, investigative procedures
- Persons who resides outside Malaysia for more than 90 days consecutively while the Policy is in force

NOTE:

This list is not exhaustive. Please refer to the policy contract for the full list of terms and conditions under this policy.

7. Can I cancel my policy?

You may cancel your policy at any time by giving written notice to us. Upon cancellation, any refund of the premium would be based on the conditions stipulated in the policy contract.

Period Not Exceeding	Refund of Annual Premium
15 days	90% (applicable for renewal only)
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%
Period exceeding 11 months	No refund

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 insurance or any other types of insurance product, you can contact us or your insurance intermediary or visit our website www.mpigenerali.com. Please contact us at:

MPI Generali Insurans Berhad

(Licensed under Financial Services Act 2013 and regulated by Bank Negara Malaysia)

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MPI Generali Insurans Berhad (14730-X)

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10. Other types of Similar Insurance cover available
<ul style="list-style-type: none">• Multi Medi-Plus• Group Hospital and Surgical Insurance• Medic 101• Medic SME

IMPORTANT NOTE:

YOU SHOULD SATISFY YOURSELF THAT THIS POLICY 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.

The information provided in this disclosure sheet is valid as at 01/09/2018.