



Group Hospital & Surgical Insurance

Product Disclosure Sheet

Important Note

1. Read this Product Disclosure Sheet before you decide to take out the Group Hospital & Surgical Insurance Policy. Be sure to also read through the general terms and conditions.
2. 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.
3. Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it 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.

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.

1. What is this product about?

This product offers a comprehensive coverage for costs of medical treatment incurred by a group of insured (usually employees of an organization) for hospitalization, day surgery costs and various outpatient treatments.

The Group Hospital & Surgical Insurance is a tailor-made policy to suit the organization's medical needs. Duration of cover is one year. You are required to renew your insurance policy on an annual basis before the policy anniversary.

2. What are the covers / benefits provided?

Some of the major benefits covered under this policy are:

- Hospital Room & Board
- Intensive Care Unit
- Hospital Miscellaneous Services (inclusive of general nursing services, drugs and medicines, dressings, diagnostic tests, blood transfusions, etc)
- Surgical Fees
- Anaesthetic Fees
- Operating Theatre Fees
- In-Hospital Physician Fees
- Pre-Surgical/ Medical Diagnostic Services
- Pre-Surgical/ Medical Specialist Consultation
- Second Surgical Opinion
- Post-Hospitalization Treatment
- Emergency Outpatient Accidental Treatment
- Emergency Accidental Dental Treatment
- Daycare Procedure
- Ambulance Services
- Emergency Sickness Treatment
- Government Service Tax
- Government Hospital Daily Cash Allowance
- Medical Report Fees
- Outpatient Physiotherapy Treatment
- Annual Outpatient Cancer Treatment
- Annual Outpatient Kidney Dialysis
- Organ Transplant
- Funeral Expenses

among others.

3. How much premium do I have to pay?

AXA Affin General Insurance Berhad (23820-W) - Ground Floor, Wisma Boustead, 71 Jalan Raja Chulan, 50200 Kuala Lumpur

Telephone: (603) 2170 8282 - Fax: (603) 2031 7282 - Email: customer.service@axa.com.my - www.axa.com.my - Service Tax Reg. No.: W10-1808-31015017

The premium payable depends on various factors, such as the group size, age range, health status and past medical claims experience of the organization.

We will design a proposal based on our underwriting requirements.

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

- i. Service Tax 6% of premium
- ii. Stamp Duty to legalise the contract RM10.00
- iii. Agent commission of 10% is included in your premium where there is an intermediary involved

5. 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 AXA for reimbursement of the eligible expenses.

However, Cashless facility may also be arranged by AXA for the convenience of insured members. In this case, the insured may enjoy a cashless admission to any of AXA panel hospitals.

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

Age Limit

- Up to the age of 65 years (next birthday)

Importance of Disclosure

- You must disclose all material facts such as personal particulars, occupation and any medical condition which you already had when you apply for the policy. This includes any medical condition or symptoms whether or not being treated and any previous medical condition which recurs or which you should reasonable have known about even if you have not consulted a medical practitioner. If you are in any doubt you should disclose the medical condition.
- Failure to notify AXA of all material facts and medical condition may result in claims being refused or cover withdrawn.
- If there is any change in your health profile, occupation, business, duties or pursuits, you must notify us immediately.

Eligibility and Scope

- Persons eligible to be covered must be
 - An full-time employee of the organization, aged between 18 to 65 years
 - A dependent of an employee, who is either a legally married spouse, up to age 65 years or unmarried children over 15 days old but under 23 years old if still on full-time higher education

No Selection Basis

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

Note: This list is non-exhaustive. Please refer to the policy contract for the terms and conditions under this policy.

Automatic Additions and Deletions

- Notification of each addition shall be advised by the Insured within 31 days of the date of eligibility and the appropriate additional premiums paid. The dates of eligibility shall be the commencement dates of employment.
- Deletions of Insured Persons will be similarly effected from the dates of termination of employment with the Insured.

Premium Warranty

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

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

7. What are the major exclusions under this policy

Generally, the Policy does not cover

- Pre-existing illnesses for the first 12 months of cover.
- Any medical or physical conditions arising within the first 30 days of the Insured Person's cover except for Accidental Injuries.
- Care or Treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity
- Plastic/Cosmetic Surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness and the use or acquisition of external prosthetic appliances or devices
- Dental conditions including dental Treatment or oral Surgery except as necessitated by Accidental Injuries to sound natural teeth

- Private nursing, illegal drugs, intoxication, sterilization, sexually transmitted diseases, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related Diseases.
- Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- Pregnancy, childbirth (including surgical delivery), miscarriage, abortion, and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilisation.
- Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
- Hospitalisation primarily for investigatory purposes, diagnosis, x-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any Treatment which is not Medically Necessary and any preventive Treatments
- Costs/expenses of services for a non-medical nature
- Sickness or Injury arising from racing of any kind (except foot racing), and hazardous sports, winter sports, professional sports and illegal activities.
- Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
- Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- War or any act of war, criminal or terrorist activities, active duty in any armed forces, direct participation in riot, strikes 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.
- Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant.
- Expenses incurred for sex changes.
- Investigation and Treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy
- Any treatment directed towards developmental delay/or learning disabilities in children.

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

8. What is Pre-Existing Conditions?

Pre-existing Conditions 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.

9. Where can I get further information/ a group quotation?

Should you require additional information about our Group Hospitalisation and Surgical insurance, you may contact us or your insurance agent.

For additional information about medical and health insurance, please refer to the *insuranceinfo* booklet on 'Medical & Health Insurance', which is available at all our branches. You can also obtain a copy of the booklet from your insurance agent or visit www.insuranceinfo.com.my.

AXA Affin General Insurance Berhad (23820-W)
Ground Floor, Wisma Boustead,
71 Jalan Raja Chulan, 50200 Kuala Lumpur,
Malaysia

Customer Service Centre
Ground Floor, Wisma Boustead,
71 Jalan Raja Chulan,
50200 Kuala Lumpur.
Tel: (603) 2170 8282
Fax: (603) 2031 7282
E-Mail: customer.service@axa.com.my
Homepage: www.axa.com.my