

<b>PRODUCT DISCLOSURE SHEET (PDS)</b> (Read this Product Disclosure Sheet before you decide to take out this Product. Be sure to also read the general terms and conditions of this Policy).	<b>RHB Insurance Berhad</b>
	<b>Group Hospitalisation &amp; Surgical</b>
	<b>Date :</b>
<b>1. What is this product?</b>	
<p>This policy provides comprehensive coverage against cost of medical treatment and hospitalisation incurred by your employees and their legal spouse and children due to illnesses or accidents.</p>	
<b>2. What are the covers/benefits provided?</b>	
<p>The benefits available under this policy are as follows:</p> <p><b>Core Benefits</b></p> <ol style="list-style-type: none"> <li>1. Hospital Room &amp; Board</li> <li>2. Intensive care Unit</li> <li>3. Hospital Supplies and Services</li> <li>4. Medical Report Fee</li> <li>5. Operating Theatre</li> <li>6. Pre-Hospital Diagnostic Tests</li> <li>7. Pre-Hospital Specialist Consultation</li> <li>8. Surgical Fees</li> <li>9. Anaesthetist Fee</li> <li>10. In-Hospital Physician Visit</li> <li>11. Post-Hospitalisation Treatment</li> <li>12. Emergency Accidental Out-Patient Treatment</li> <li>13. Ambulance Fees</li> <li>14. Out-Patient Physiotherapy Treatment</li> <li>15. Annual Out-Patient Cancer Treatment</li> <li>16. Annual Out-Patient Kidney Dialysis Treatment</li> <li>17. Organ Transplant</li> <li>18. Daily Cash Allowance at Government Hospital</li> <li>19. Insured Child's Daily Guardian Benefit</li> </ol> <p><b>Extended Benefits</b></p> <p>Hospitalisation &amp; Surgical Benefits</p> <ol style="list-style-type: none"> <li>1. Maternity Benefit</li> <li>2. Hospitalisation Income</li> <li>3. Emergency Accidental Dental Treatment</li> <li>4. Second Surgical Opinion</li> <li>5. Home Nursing Care</li> <li>6. Dental Care</li> <li>7. Accidental Death Benefit</li> <li>8. Emergency Out-Patient Illnesses</li> <li>9. Bereavement Expense</li> <li>10. Daycare Surgery</li> <li>11. Registration Fees / Admin Fees / Billing Fees / Dispensing Fees / Medical Record Fees / Misc. Fees / ID Bands</li> <li>12. Prostheses / Wheelchair Benefit</li> <li>13. Service Tax</li> </ol> <p>Clinical Benefits</p> <ol style="list-style-type: none"> <li>1. Out-Patient General Practitioner Treatment</li> <li>2. Out-Patient Specialist Treatment</li> </ol> <p>Duration of cover is <b>one (1) year</b>. You need to renew your insurance cover <b>annually</b>.</p>	
<b>3. How much premium do I have to pay?</b>	
<p>The premium that you have to pay depends on:</p> <ul style="list-style-type: none"> <li>• Nature of business</li> <li>• Group size of employees</li> <li>• Age of the employees</li> <li>• Employee's gender ratio</li> <li>• Past 3 years' medical claim experience</li> </ul> <p>However, it may vary depending on other underwriting requirements not mentioned above. We will quote the rate during proposal.</p>	

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

Type	Amount
Commission (if any)	10% of premium will be paid to the Agent
Service Tax	8%
Stamp Duty	RM10

Premium shown are subject to applicable service tax as imposed by the relevant authorities. Please take note that RM10 of stamp duty shall be charged.

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

##### A. **Importance of Disclosure (Statement Pursuant to Schedule 9 of the Financial Services Act 2013)**

- Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for yourself/family/dependents, 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.

##### B. **Waiting Period**

The eligibility for benefits under the policy will only start 30 days after the insured has been included in the policy, except for a covered accident occurring after the effective date of coverage.

##### C. **Change in Risk**

The insured person shall give immediate notice in writing to the company of any material change in his/her occupation, business, duties or pursuits and pay any additional premium that may be required by the company.

##### D. **Upgraded Room & Board Co-Payment**

If the insured person is hospitalised at a published room & board rate which is higher than his/her eligible benefit, the insured person shall bear 20% of the other eligible benefits described in the schedule of benefits.

##### E. **Claims**

Upon the happening of a disability, the insured person shall notify the company in writing within 30 days.

**Note:** This is non-exhaustive. Please refer to policy documents for full details.

#### 6. What are the major exclusions under this policy?

##### **We shall not reimburse charges incurred for hospitalisation resulting directly or indirectly from any of the following:**

- a) Pre-existing illness.
- b) Specified illnesses within 120 days from the commencement date or reinstatement date whichever is later.
- c) Any medical or physical conditions arising within the first 30 days of the insured person's cover or date of reinstatement whichever is later except for accidental injuries.
- d) Plastic or cosmetic surgery and related treatment.
- e) Dental conditions including dental treatment or oral surgery not arising from accidental injuries.
- f) Congenital disorders/diseases or deformities including hereditary and developmental conditions.
- g) Pregnancy, child birth (including surgical delivery), miscarriage, abortion, pre or post-natal care, contraceptive methods for birth control, infertility treatments and its complications.
- h) Hospitalisation primarily for investigative purposes, screening, diagnosis, X-rays, scans, general physical or medical examinations that are done routinely or are not incidental to treatment or diagnosis of a disability, treatment or investigation of a disability that are not medically necessary to be hospitalised, preventive treatments and medicine.
- i) Suicide, attempted suicide or self-inflicted injury while sane or insane.
- j) 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.
- k) Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste.
- l) Expenses incurred for donation of any body organ by an insured person.
- m) Sleep apnoea or snoring disorder.
- n) Mental or nervous disorders (including psychosis, neurosis and their physiological or psychosomatic manifestations).
- o) Sickness or injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
- p) Sex changes.

**Note:** This is non-exhaustive. Please refer to policy documents for full details.

**7. Can I cancel my policy?**

You may cancel your policy at any time by giving fourteen (14) days' written notice to the insurance company. Upon cancellation, you are entitled to a prorated refund of the premium provided that you have not made a claim on the policy.

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

It is important that you inform us of any changes in your contact details to ensure all correspondence reaches you in a timely manner.

**9. Where can I get further information?**

Should you require additional information about Medical and Health Insurance, please refer to our authorised intermediaries, RHB Insurance and Bank Branches, Customer Relationship Centre or visit our website at [insurance.rhbgroup.com](https://insurance.rhbgroup.com).

If you have any enquiries, please do not hesitate to contact us at:

**RHB INSURANCE CUSTOMER RELATIONSHIP CENTRE**

Level 1, Tower Three, RHB Centre,  
Jalan Tun Razak,  
50400 Kuala Lumpur.  
Tel: 1300 220 007; Fax: 03-2163 7277  
Email: [rhbi.general@rhbgroup.com](mailto:rhbi.general@rhbgroup.com)  
WhatsApp: 012-603 1978

**10. Other types Medical and Health Insurance cover available**

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

**IMPORTANT NOTE:**

**YOU SHOULD SATISFY YOURSELF THAT THIS POLICY WILL BEST SERVE YOUR NEEDS. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH THE INTERMEDIARY OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.**

*The information provided in this disclosure sheet is valid from 01/03/2024*