

## Takaful mySME Partner Group SMI Employee Benefits (EB) Checklist

### PART 1 - DETAILS OF CERTIFICATE / ENDORSEMENT

- New Business
- Take Over (to send a copy to Actuarial – Pricing Team for take over decision)
- Endorsement
- Extension from \_\_\_\_\_
- Renewal for Cert No. \_\_\_\_\_

#### Basic

- SMI Group Medical (H&S Coverage)                       SMI Group Term (Term Coverage)

#### Optional

- Group Outpatient GP Care & SP Care                       36 Critical Illness (Additional)

\*\* The coverage under Takaful my SME Partner will take effect when full contribution received and subject to Company's acceptance.

### PART 2 - COMPULSORY DOCUMENTS TO BE SUBMITTED

#### For New Business

- Complete Application and Declaration Form – Form A
- Complete Personal Health and Declaration Form – Form C (If applicable)
- Quotation from the SMI Calculator
- Payment Advice together with cheque payment
- AML/CFT Checklist\*
- Letter of Appointment (LOA)
- Letter of Undertaking (LOU) - only for SMI Group Medical

#### For Renewal

- Complete Personal Health and Declaration Form – Form C (If applicable)
- Quotation from the SMI Calculator
- Payment Advice together with cheque payment
- Letter of Appointment (LOA)

#### For Take Over

- Complete Application and Declaration Form – Form A
- Complete Personal Health and Declaration Form – Form C (If applicable)
- Quotation from the SMI Calculator
- Payment Advice together with cheque payment
- AML/CFT Checklist\*
- Letter of Appointment (LOA)
- Letter of Undertaking (LOU) - only for SMI Group Medical
- Previous insurer/takaful operator details including copy for existing certificate

Note: Enrolment Form has been incorporated with the calculator. Hence, please ensure full details of records are updated in the calculator.

### PART 3 - Special Instruction for Medical Card handling by TPA:-

Please indicate Medical Card packing/sorting order here:-

- by cert, by alphabetical order.
- by cert, then by cost center in alphabetical order.
- Others (please indicate below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Recipient of Medical Cards (if to be sent to Client directly)**

**To one location -Head Office/Holding Company (Pls provide details)**

Name of Person In Charge

Contact No. (include extension)

Address (Pls state physical office address. Do not put B.O.Box address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ State \_\_\_\_\_

### PART 4 - Submitted by

Sales Support /Business Manager : \_\_\_\_\_ Date : \_\_\_\_\_

#### Disclaimer:

This checklist is only for note of reference to Agent and NOT a replacement of Sales Checklist. Sales Checklist is still compulsory for CRM submission.