

KURNIA GROUP MEDICAL INSURANCE (WITH MEDICAL CARD) - IHM SMI PACKAGE Policyholder: Date:

The premium quoted is provisional and is based on the following understanding:

- Group size of employees.
- All existing employees and new Inclusion is subject to Pre-existing Illness, Waiting Period and Specified Illnesses Condition.

Pre-existing Illness

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 had be recommended;
- (c) clear and distinct symptoms are or were evident;
- (d) its existence would have been apparent to a reasonable person in the circumstances

Waiting Period

Eligibility for benefits starts thirty (30) days after the Insured Person has been included in the Policy, except for a covered Accident occurring after the effective date of coverage.

Specified Illnesses

The following disabilities and its related complications, occurring within the first 120 days of Insurance of the Insured Person:

- (a) Hypertension, diabetes mellitus and cardiovascular disease
- (b) All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system
- (c) All ear, nose (including sinuses) and throat conditions
- (d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele
- (e) Endometriosis including disease of the reproduction system
- (f) Vertebro-spinal disorders (including disc) and knee conditions.

Any One Disability

All of the periods of Disability arising from the same cause including any and all complications there from except that if the Insured Person completely recovers and remain free from further treatment (including drugs, medicines, special diet or injection or advice for the condition) of the Disability for at least ninety (90) days following the latest date of discharge and subsequent Disability from the same cause shall be considered as though it were a new Disability.

Overseas Treatment

If the Insured Person seeks treatment overseas, benefits in respect of the treatment shall be covered subject to the exclusions, limitations and conditions specified in this Policy and all benefits will be payable based on the official exchange rate ruling on the last day of the Period of Confinement and shall exclude the cost of transport to the place of treatment provided:

- i) an Insured Person traveling abroad for a reason other than for medical treatment, needs to be confined to a Hospital outside Malaysia as a consequence of a Medically Emergency.
- ii) an Insured Person upon recommendation of a Physician and has to be transferred to a Hospital outside Malaysia because the specialized nature of the treatment, aid, information or decision required can neither be rendered nor furnished nor taken in Malaysia.

Overseas treatment of a disease, sickness or injury which is diagnosed in Malaysia and non-emergency or chronic conditions where treatment can reasonably be postponed until returned to Malaysia are excluded.





5) Upgraded Room and Board Co-Payment

If the Insured Person is hospitalized 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 Benefit but subject to a maximum limit of RM 3,000 per Disability for plans described in the Schedule of Benefit with Overall Annual Limit not exceeding RM 100,000 or subject to a maximum limit of RM 5,000 per Disability for plans described in the Schedule of Benefit with Overall Annual Limit exceeding RM 100,000.

6) Upgraded Policies

If the Eligible Benefits to any Insured under the terms of this Policy be increased while it is in force or at the time of Renewal or replacement and if such Insured Person shall have been afflicted with a Disability prior or at the time the Benefits were increased, the Limits of Benefits payable in respect of such Disability shall not exceed the Limit of Benefits prior to the date the Benefits were upgraded.

7) Conversion Policies

If the Eligible Benefits provided under this Policy shall have been converted from an existing coverage of an 'Inner Limits' to an 'As Charged/Full Reimbursement' coverage, and if such Insured shall have been afflicted with a Disability prior or at the time the Benefits were converted, the benefits payable in respect of the Disability shall be in accordance with the Schedule of Benefit prior to the date the Eligible Benefits were converted.

8) Letter of Indemnity

Upon acceptance of the coverage, the Policyholder is required to sign a "Letter of Indemnity" to indemnity Kurnia Insurans (Malaysia) Berhad for all expenses, charges, interest and any other sum incurred by the employees and/or their dependants, which are not claimable or have exceeded the Benefits Limit under the policy, subject to the terms, conditions and exceptions.

- 9) A medical card will be issued to each insured person. A Guarantee Letter with a specific limit per hospital admission will be issued for a covered condition and applicable only to the Kurnia Panel Hospitals to facilitate hospital admission. The insured will have to settle the balance of incurred amount upon discharge, if any.
- 10) Verification on Authenticity of Identity
 In compliance with section 16 (2) of Anti-Money Laundering Act 2001, the photocopy of Business Registration
 Certificate for Company with annual premium exceeding RM100,000 is required to be submitted.
- 11) Eligible age for employee and spouse is up to 60 years old next birthday. Child is minimum 30 days old up to 19 or 23 years old next birthday (if still studying).
- 12) Automatic Additions and Deletions Clause
- 13) Group size below 10: All employees have to complete Personal Health Declaration (PHD) form and acceptance of each individual employee/dependant is subject to the PHD.
- 14) Foreigner shall subject to Foreigner Condition clause whereby all medical expenses claims is restricted to within Malaysia only.

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- 15) The premium quoted is applicable for standard lives only and the final terms are subject to declaration and findings of individual Personal Health Declaration form.
- 16) Subject to 6% Service Tax and RM10 Stamp Duty
- 17) Second Surgical Opinions

Reimbursement of the reasonable and customary charges for consultation fees with a Second Specialist to determine whether a surgical operation is necessary and/or required in view of the Insured Person's medical condition, up to the amount as set forth in the schedule of benefit. Payment will not be made for clinical treatment (including medications and subsequent consultation after the illness is diagnosed) or where the insured person does not result in hospital confinement for the treatment of the medical condition diagnosed. This benefit is applicable within Malaysia only.

18) Funeral Expenses

Reimburses the costs of burying or cremating the mortal remains upon the death of the Insured Person caused by illness or accident. Death shall be established by an official death certificate.

- 19) This quotation shall be null and void if the furnished information and claims data are found to have been misrepresented, misstated or understated.
- 20) Waive of any specific terms, conditions and exclusions are applicable only if it is stated in this quotation.

Important notices:

- i) Product Disclosure Sheet (PDS) can be obtained through our website www.kurnia.com. You are advised to read this PDS before you decide to sign up for this policy.
- ii) This quotation is valid for 60 days from the date of this letter.

